PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885



INSTRUCTIONS: This fappropriate. All further cindicated unless corrected maintenance fee notificati	orrespondence includin I below or directed oth	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	JE FEE and PUBLICATION The standing state of the standing standing standing and standing sta	ON FEE (if require naintenance fees we pondence address;	red). Block ill be maile and/or (b)	s 1 through 5 shed to the current a indicating a separate	ould be completed where correspondence address as rate "FEE ADDRESS" for
	NCE ADDRESS (Note: Use Blo	ock 1 for any change of address)	Fee(s pape have	s) Transmittal. This	s certificate	cannot be used for	domestic mailings of the or any other accompanying at or formal drawing, must
	CELLA HARPE ER PLAZA	ER & SCINTO	JUL 1 2 2007 July I her State address trans	eby certify that this Postal Service we essed to the Mail	s Fee(s) Traith sufficient	Mailing or Transmansmittal is being on the postage for first JE FEE address and 3-2885, on the date.	nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below.
			addri trans				(Depositor's name)
		`	& THU BENEDAL				(Signature)
							(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/797,107 03/11/2004			Jiawei Hu		01263.101736.		4614
TITLE OF INVENTION:	APPARATUS FOR AN	ND METHOD OF SUMN	ARISING TEXT		`		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/17/2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
PONIKIEWSKI, TOMASZ		2165	707-102000	,			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Canon Kabushiki Kaisha 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 2. Harper & Scinto (3) Harper & Scinto 2. Fitzpatrick, Cella (4) PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual X Co	rporation o	r other private gro	up entity Government
4a. The following fee(s) a X Issue Fee X Publication Fee (No X Advance Order - #	o small entity <u>d</u> iscount p	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form). 					
5. Change in Entity Stat				I-ii CNAAI	LENTERS	/	7D 1 27/-1/21
NOTE: The Issue Fee and	SMALL ENTITY state Publication Fee (if req	uired) will not be accepte	d from anyone other than the				e assignee or other party in
Authorized Signature	May. M	eles Patent and Trademark	Conice.	Date 13	Yszelli zez	2007 026 107	97107
	John D. M			Regisurationin		867	1400.00 OP
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450. Alexandria, V Alexandria, Virginia 223	irginia 22313-1430. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiving the Companion office COMPLETED FORMS TO	etain a benefit by the imated for take 12 for imated for take 12 for idual case. Any coor, U.S. Patent and DTHIS ADDRESS	ne public we minutes to comments on Trademark SEND TO	hich is to file (and complete, includin the amount of tin Office, U.S. Depa D: Commissioner f	by the 15 Pip to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.